

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH.

State File No. 188
84

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 900 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Enrique Sanchez

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb-24-1928
Month Day Year

8. FATHER
Full name Refugio Sanchez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 27 (Years)

14. MOTHER
Full maiden name Apolonia Aguirre
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) El Oro, Durango, Mex.
(State or country)

13. Occupation
Nature of industry Carpenter

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:45 A. M. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lynell M. Brown M.D.
Miami, Arizona
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Address _____
Filed Feb 29, 28 E. E. Brown
Registrar

Registrar

529-224-115

-in case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.